Type of Information Collection *Request:* Extension of a currently approved collection;

Title of Information Collection: Information Collection Requirements in the Hospice Care Regulation, 42 CFR 418.22, 418.24, 418.28, 418.30, 418.56, 418.58, 418.70, 418.74, 418.83, 418.96 and 418.100;

Form No.: HCFA-R-30;

Use: These Information Collection Requirements establish standards for hospices who wish to participate in the Medicare program. The regulations establish standards for eligibility, reimbursement standards and procedures, and delineate conditions that hospices must meet to be approved for participation in Medicare.

Frequency: On occasion;

Affected Public: Business or other forprofit and Not-for-profit institutions;

Number of Respondents: 2,275;

Total Annual Responses: 2,275;

Total Annual Hours Requested: 6,042,834.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at http://www.hcfa.gov/ regs/prdact95.htm, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Dawn Willinghan, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: August 16, 1999.

# John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 99-21974 Filed 8-24-99; 8:45 am]

BILLING CODE 4120-03-P

### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Care Financing Administration** [Document Identifier: HCFA-R-137]

## **Agency Information Collection Activities: Submission For OMB Review: Comment Request**

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection *Request:* Extension of a currently

approved collection:

Title of Information Collection: Internal Revenue Service/Social Security Administration/Health Care Financing Administration Data Match and Supporting Regulations in 42 CFR Section 411.20-411.206;

Form No.: HCFA-R-137 (OMB# 0938-0565):

*Use:* The purpose of this collection is to save the Medicare program, money. MSP is essentially the same concept known in the private insurance industry as coordination of benefits, and refers to those situations where Medicare assumes a secondary payer role (private insurance being the primary payer) for covered services provided to a Medicare beneficiary. It is HCFA's responsibility to implement the various Medicare Secondary Payer (MSP) provisions.;

Frequency: Annually;

Affected Public: Federal Government, Business or other for-profit, Not-forprofit institutions, Farms, State, and Local or Tribal Government;

Number of Respondents: 327,947; Total Annual Responses: 327,947; Total Annual Hours: 1,096,466.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at http:// www.hcfa.gov/regs/prdact95.htm, or Email your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: August 10, 1999.

#### John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 99-22070 Filed 8-24-99; 8:45 am] BILLING CODE 4120-03-P

### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Health Resources and Services** Administration

# **National Vaccine Injury Compensation Program; List of Petitions Received**

**AGENCY: Health Resources and Services** Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program generally, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005, (202) 219-9657. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 8A-46, Rockville, MD 20857; (301) 443-6593.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals